

# ● PRINTER RUSH ●

(PTO ASSISTANCE)

*HC*  
*CORRESPONDENCE*

Application : <u>10/605,510</u>	Examiner : <u>RIDLEY, RICHARD</u>	GAU : <u>3651</u>
From : <u>KAO</u>	Location : IDC <u>FMP</u> FDC	Date : <u>6/9/05</u>

Tracking #: \_\_\_\_\_ Week Date: \_\_\_\_\_

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
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INITIALS: D

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REV 10/04

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Complete and send this form, together with applicable fee(s), to: **Mail**

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09748 7590 01/18/2005

**LAITRAM, L.L.C.**  
**LEGAL DEPARTMENT**  
**220 LAITRAM LANE**  
**HARAHAN, LA 70123**

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James T. Cronich (Depositor's name)  
James T. Cronich (Signature)  
Apr. 6 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/605,510	10/03/2003	Mark Caputo	2225.0	2509

TITLE OF INVENTION: ARTICLE-ORIENTING CONVEYOR

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	04/18/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
RIDLEY, RICHARD	3651	198-411000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. James T. Cronich

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Laitram, L.L.C.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Harahan, LAPlease check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment to Deposit Account Number 12-0290 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(c)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

James T. Cronich

Date

April 6 2005

Typed or printed name

James T. Cronich

Registration No.

33163

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PTOL-85 (Rev. 12/04) Approved for use through 04/30/2007.

OMB 0651-0033

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 02 FEB 15 04